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Complete if Known Substitute for form 1449/PTO Application Number 10/562,620 Filing Date May 26, 2066 INFORMATION DISCLOSURE First Named Inventor Kopmeiners et al. STATEMENT BY APPLICANT Art Unit **2446** (Use as many sheets as necessary) Examiner Name Candal Elpenord Attorney Docket Number Hammerschmidt 7-23 Sheet 1 of 1

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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